

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD5000012698

1. Limited Liability Company's Name

Herpo Investment, L.L.C.

FILED

07 NOV -6 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/06/07--01052--017 **250.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

303 Racquet Club Rd

Suite, Apt. #, etc.

Building 5, Apt 209

City & State

Weston, FL

Zip

33326

Country

USA.

3. Mailing Office Address

303 Racquet Club Rd

Suite, Apt. #, etc.

Building 5 Apt 209

City & State

Weston, FL

Zip

33326

Country

USA.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2-7-2005

6. FEI Number

20-2300947

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

8. Name and Address of Current Registered Agent

Name

Irma Poveda

Street Address (P.O. Box Number is Not Acceptable)

303 Racquet Club Rd

Suite, Apt. #, Etc.

Building 5, Apt 209

City

Weston

State

FL

Zip Code

33326

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Irma Poveda

Date 10/31/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Irma Poveda	1442 Garden Rd	Weston / FL 33326
MGRM	Johana Poveda	1442 Garden Rd	Weston FL 33326
MGRM	Tatiana Poveda	1442 Garden Rd	Weston FL 33326
REINSTATEMENT <u>2006-2007</u>			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Irma Poveda

Date 10/31/07

Daytime Phone # 954-217-6675

Typed or printed name of signing Managing Member/Manager Irma Poveda